

Palm Beach State College
Permission for Emergency Treatment

This document and its contents constitute a student record and are exempt from public records under § 1002.22 and § 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's and/or Parent(s)/Guardian's consent.

Student Name: _____ Student Number: _____

I certify that I am over 18 years of age and am responsible for my own welfare. As indicated and signed above, I authorize the program leader and/or physician in-charge to make the appropriate decision regarding medical treatment in case of any medical emergency. I hereby consent to Palm Beach State College disclosing any and all of my medical information in its possession for the sole purpose of assessing my medical needs or obtaining medical services on my behalf.

Student's Signature: _____ Date: _____

For Parent(s)/Guardians of Students Under 18 Years of Age

I/We hereby authorize the appointed representative(s) of Palm Beach State College to obtain and authorize medical treatment as is necessary to protect the well-being of my child, including authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I/We do hereby release and agree to hold harmless Palm Beach State College and its Board of Trustees, directors, officers, employees and agents from any and all claims which may arise from said medical treatment. I/We hereby consent to Palm Beach State College disclosing any and all of the student's medical information in its possession for the sole purpose of assessing the student's medical needs or obtaining medical services on the student's behalf.

Student's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Note: On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some states students under the age of 18 might not be administered an anesthetic or be operated on without the written consent of the parent or guardian, we ask that the parent or guardian sign this document in order to prevent a dangerous delay in the administration of emergency medical attention.